



State of Rhode Island  
and Providence Plantations  
Department of State – Business Services Division

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00

1. ID No. <b>127963</b>	2. Exact name of the limited liability company <b>Smile, LLC</b>	3. NAICS Code <b>531190</b>
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>real estate holding company</b>		5. State of Formation <b>Rhode Island</b>
6. Principal office address <b>1 Thurber Blvd.</b>		City <b>Smithfield</b>
		State <b>RI</b>
		Zip <b>02917</b>
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:		
Contact Name <b>Bakhoun Girgis</b>		Contact Title <b>Member</b>
Street Address <b>1 Thurber Blvd.</b>		City <b>Smithfield</b>
		State <b>RI</b>
		Zip <b>02917</b>
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Manager Name <b>William R. Conroy, Jr.</b>		Manager Name <b>Kristofer Haggarty</b>
Street Address <b>1 Thurber Blvd.</b>		Street Address <b>1 Thurber Blvd.</b>
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Manager Name <b>Bakhoun M. Girgis</b>		Manager Name
Street Address <b>1 Thurber Blvd.</b>		Street Address
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

OCT 06 2017

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

**7312**

Signature of Authorized Person

Date

**9/22/17**

**Bakhoun Girgis, Member**

Print or Type Name of Authorized Person